



Seattle Fire Department
Confidence Test Report
206-386-1351 Confidence Testing Officer
206-615-1068 (fax)

STAIRWAY DOOR LOCKS
(One System per Report)

| | |
|---|---------------------------------|
| Occupancy Address: _____ | Occupancy Name: _____ |
| Responsible Person: _____ | Phone Number: _____ |
| Building Owner: _____ | Phone Number: _____ |
| Building Owner Address _____ | |
| Date of Inspection: _____ Type of Inspection: Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Acceptance <input type="checkbox"/> Other <input type="checkbox"/> | |
| Testers Name (Please Print): _____ | SFD Certification Number: _____ |

of Stories _____ Type of Locking Device: Electric Strike ☐ Electronic Bolt ☐ Other _____

Location of Locking Devices _____

Do all locking devices release upon activation of the fire alarm system?..... Yes ☐ No ☐

Do all locking devices release upon power failure?..... Yes ☐ No ☐

Does door to roof unlock?..... Yes ☐ No ☐

Total number of locking devices _____ Total number tested _____

Are there any fuses in the locking circuitry?..... Yes ☐ No ☐

Do doors unlock but not unlatch?..... Yes ☐ No ☐

Is there a key to these doors at the control center?..... Yes ☐ No ☐

Problems Found:

Corrections Made: _____ **Date Corrected:** _____ **Corrected By:** _____

SIGNATURE OF TESTER _____

AGENCY _____ **PHONE** _____

MAILING ADDRESS _____